

Emergency Paid Sick Leave Act (EPSLA) Request Form

Effective April 1 through December 31, 2020

I, Leave	, request leave under the Employee Paid Sick Act (EPSLA) related to COVID-19 because I am unable to work or telework because: Check and complete the required information.		
	1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 Name of government entity issuing the quarantine or isolation order		
	2. I have been advised by a health care provider to self-quarantine because of COVID-19 Name of health care provider who advised you to self-quarantine		
	☐ 3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis Anticipated testing or diagnosis date		
	4. I am caring for an individual who is subject to or advised to quarantine or self-isolate Name of person, relationship to me		
	5. I am caring for a child under 18 years of age due to closures of schools or care providers related to the COVID-19 health emergency Names of child(ren), school/place of care/or child care provider that is closed		
	Is there another suitable person available to care for the above named child(ren) during the period of requested leave: No Yes Name		
	6. I am experiencing substantially similar conditions as specified by the U.S. Department of Health and Human Services		
will be	stand that up to two weeks (80 hours, or a part-time employee's equivalent) of paid sick leave paid as follows: full pay based on current rate for Reasons (1), (2), (3) and 2/3 pay for s (4), (5), (6).		
	uesting more than 2 weeks for reason 5, then Form EFMLEA must be completed. The first eks of EPSLEA will run concurrent with the first two weeks of unpaid leave under EFMLEA.		
I will b	e absent from work from until		
and/or	intermittently on the following dates		
Employ	yee's Signature Date		

Reviewed by: Department Head	Date	
Approved by Human Resources	Date	

NOTE: HEALTH CARE WORKERS AND EMERGENCY RESPONDERS ARE EXCLUDED FROM ELIGIBILITY

Updated: 4/28/2020